KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY

GUIDELINES FOR DEEP PHYSICAL AGENT MODALITIES (DPAM) SPECIALTY CERTIFICATION APPLICATION PROCESS

It shall be unlawful for a person licensed under this chapter to utilize occupational therapy interventions involving deep physical agent modalities, unless requirements have been met

In accordance with The Occupational Therapy Practice Act, KRS 319A .080 (4), and the Administrative Regulations, 201 KAR 28:170, which provide procedures for putting The Act into practice, all of the following documents must be submitted to KBLOT prior to being approved for DPAM Specialty Certification.

- A. Completed *DPAM Specialty Certification Application Form* with the \$25.00 application fee in the form of a **check or money order** made out to the **Kentucky State Treasurer**.
- B. Completed *DPAM Training and Instruction Form* for your specific level of licensure or DPAM requirements
 - a. occupational therapist, OT/L
 - b. occupational therapy assistant or, OTA/L
 - c. occupational therapist also certified as a hand therapist. OT/L, CHT
- C. Completed *DPAM Educational Requirements Course*, *Workshop*, *Seminar Description Form*(s) for **each** training and instruction session attended.
- D. Completed **DPAM Supervised Treatment Sessions Form**.
 - a. The supervisor(s) signing off on the specific treatment sessions must meet the requirements to be a DPAM Supervisor prior to the supervised treatment session(s) taking place.
 - b. For information about the DPAM Supervisor Application Process, please refer to these separate guidelines. *Guidelines for DPAM Supervisor Application Process*.

Mail To: Kentucky Board of Licensure for Occupational Therapy P.O. Box 1360 Frankfort, KY 40602

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY

GUIDELINES FOR DEEP PHYSICAL AGENT MODALITIES (DPAM) TRAINING & INSTRUCTION FORM

The training and instruction shall be earned by direct personal participation in courses, workshops, or seminars. The course content must include specific areas pertaining to the application and use of deep physical agent modalities.

In accordance with The Occupational Therapy Practice Act, KRS 319A .080 (4), and the Administrative Regulations, 201 KAR 28:170, which provide procedures for putting the Act into practice, specific training and instruction must be demonstrated prior to being approved as DPAM Specialty Certified.

For completing the *DPAM Training and Instruction Form*, you must determine your level of licensure or DPAM requirements as specified in KRS 319 A. 080. (4).

- c. occupational therapist must demonstrate thirty-six (36) hours of training
- d. occupational therapy assistant must demonstrate seventy-two (72) hours of training
- e. occupational therapist, also certified as a hand therapist must demonstrate twelve (12) hours of training

On the *DPAM Training and Instruction Form*, the topics for each course, workshop or seminar must determine the specific content areas covered. The letters a – j correspond to the following content areas:

- a) Principles of physics related to specific properties of light, water, temperature, sound, and electricity;
- (b) Physiological, neurophysiological, and electrophysiological changes which occur as a result of the application of each of the agents identified in KRS 319A.010(8);

administration of agents within the philosophical framework of occupational therapy;

- (d) The rational and application of the use of deep physical agents;
- (e) The physical concepts of ion movement;
- (f) Critical thinking and decision making regarding the indications and contraindications in the use of deep physical agents;
- (g) Types selection and placement of various agents utilized;
- (h) Methods of documenting the effectiveness of immediate and long-term effects of interventions;
- (i) Characteristics of equipment including safe operation, adjustment, and care of the equipment; and
- (j) Application and storage of specific pharmacological agents.

Kentucky Board of Licensure for Occupational Therapy P.O. Box 1360 Frankfort, KY 40602

\$ 25.00 Fee	Received	
	Date	

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY DEEP PHYSICAL AGENT MODALITIES SPECIALTY CERTIFICATION

APPLICATION

2. License Number [] OT [] OT, CHT* [] OTA 3. Address	1. Licensee Name												
City State Zip This address must be the same as the address on file in the Kentucky Board of Licensure for Occupational Therapy's office. You must notify the Board within 30 days of an address change 4. Daytime Phone Other Phone Other Phone I have enclosed the required \$25.00 DPAM Specialty Certification Application for in the form of check or money order made payable to Kentucky State Treasurer. 6. [] Yes [] No I certify that I have successfully completed the required hours of instruction earn through direct personal participation in courses, workshops, or seminars and have DPAM Educational Requirements form attached for each workshop attended. 7. [] Yes [] No I certify that the courses, workshops, or seminars successfully covered each required topic area listed in 201 KAR 28:170 Section 3 (2) (a) – (j). 8. [] Yes [] No I have completed and attached the correct DPAM Specialty Certification Trainin and Instruction Form for my level of licensure and training requirement as specified by KRS 319A.080 Section 4. 9. [] Yes [] No I have correctly calculated the actual hours of course, workshop or seminar contessubtracting breaks, meals, and business meetings.		Last	First	Middle	Maiden								
City State Zip This address must be the same as the address on file in the Kentucky Board of Licensure for Occupational Therapy's office. You must notify the Board within 30 days of an address change 4. Daytime Phone Other Phone 5. [] Yes [] No	2. License Number _	[]	OT []OT, CHT* []O	OTA									
This address must be the same as the address on file in the Kentucky Board of Licensure for Occupational Therapy's office. You must notify the Board within 30 days of an address change. 4. Daytime Phone Other Phone	3. Address												
This address must be the same as the address on file in the Kentucky Board of Licensure for Occupational Therapy's office. You must notify the Board within 30 days of an address change 4. Daytime Phone Other Phone	Mailing	g Address											
4. Daytime Phone Other Phone	City			State	Zip								
5. [] Yes [] No I have enclosed the required \$25.00 DPAM Specialty Certification Application for in the form of check or money order made payable to Kentucky State Treasurer. 6. [] Yes [] No I certify that I have successfully completed the required hours of instruction earns through direct personal participation in courses, workshops, or seminars and have DPAM Educational Requirements form attached for each workshop attended. 7. [] Yes [] No I certify that the courses, workshops, or seminars successfully covered each required topic area listed in 201 KAR 28:170 Section 3 (2) (a) – (j). 8. [] Yes [] No I have completed and attached the correct <i>DPAM Specialty Certification Trainin and Instruction Form</i> for my level of licensure and training requirement as specified by KRS 319A.080 Section 4. 9. [] Yes [] No I have correctly calculated the actual hours of course, workshop or seminar contessubtracting breaks, meals, and business meetings.					Occupational Therapy's								
in the form of check or money order made payable to Kentucky State Treasurer. 6. [] Yes [] No	4. Daytime Phone _		Other Phone										
through direct personal participation in courses, workshops, or seminars and have DPAM Educational Requirements form attached for each workshop attended. 7. [] Yes [] No	5. [] Yes [] No												
required topic area listed in 201 KAR 28:170 Section 3 (2) (a) – (j). 8. [] Yes [] No I have completed and attached the correct <i>DPAM Specialty Certification Trainin and Instruction Form</i> for my level of licensure and training requirement as specified by KRS 319A.080 Section 4. 9. [] Yes [] No I have correctly calculated the actual hours of course, workshop or seminar contesting breaks, meals, and business meetings.	6. [] Yes [] No	through direct p	personal participation in	courses, workshop	ps, or seminars and have a								
 and Instruction Form for my level of licensure and training requirement as specified by KRS 319A.080 Section 4. 9. [] Yes [] No I have correctly calculated the actual hours of course, workshop or seminar contestions breaks, meals, and business meetings. APPLICANT'S AFFIDAVIT	7. [] Yes [] No	•	*										
subtracting breaks, meals, and business meetings. APPLICANT'S AFFIDAVIT	8. [] Yes [] No	and Instruction	Form for my level of li	-	•								
	9. [] Yes [] No				rkshop or seminar content								
			DDI LCA NIESC A DEID AVIII	,									
T THE ALBERT HALLES IN THE AUGUST AND HELETY CELLLY THINES DELIANTED AW THAT THE HIGHISTON CONTAINED I	I the applicant name				information contained								
herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should													
investigation at any time disclose any such misrepresentation or falsification, my Deep Physical Agent													
Modalities Specialty Certification application could be rejected or my license revoked by the Kentucky Board													
of Licensure for Occupational Therapy.			J	•									
Signature of Deep Physical Agent Specialty Certification Applicant Date	Signature of Deep Physical	Agent Specialty Certific	ation Applicant	Da	te								

^{*} An Occupational Therapist holding a CHT must enclose verification of current credentials from the American Society of Hand Therapists.

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY DEEP PHYSICAL AGENT MODALITIES SPECIALTY CERTIFICATION

OCCUPATIONAL THERAPIST TRAINING & INSTRUCTION FORM

		Last	First			Mid	dle					Maide	en
. License N	Number _												
. Address													
-	Mailing A	ddress											
City					_	Stat	e		_	Zip			_
				ard o	f Lic	ensui	e for	Occ	upati	onal	Ther	apy'	s of
lease list all	l courses,	workshops and semi	inars participated in	for c	omp	letio	n of	requ	iiren	nents	s as l	iste	d in
		clude time in course	s, workshops or sem	ınars	tha	t wei	re co	nsıd	ered	brea	aks,	mea	IS, (
		G Fill				CI.				1			
` ′		Course Title	Hours	a	b	Ch c	eck d	topi e	cs in	nclu g	ded h	i	i
Total Hours Come Total Hours Come (a) DPAM Course, Workshop or Set and Set a			a			u		1	5	-11	-	J	
1									one				
		•	I										
A DPAM Co	ourse, Woi	rkshop or Seminar D	<i>escription Form</i> mu	st be	con	nplet	ed fo	or ea	ch c	ours	e list	ted i	n th
_		A DD	LICANT'S AFFID	A T /T'	г								
_				AVI	<u> </u>								
bove.	nnt named			enalty	v of	1aw	that	the	info	rmat	ion (conta	aine
the applica	e, correct,	in the above, do he and complete to the	reby certify under pose the best of my know	ledge	and	l bel	ief.	I a	m a	ware	tha	t, sh	oul
the application is true	e, correct, at any ti	in the above, do he and complete to th me disclose any su	reby certify under pose best of my know ch misrepresentation	ledge or	and falsi	l bel ficati	ief. on,	I a my	m a Dee	ware p Ph	tha	t, sh al <i>A</i>	ioul Agei

Date

Signature of Deep Physical Agent Specialty Certification Applicant

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY DEEP PHYSICAL AGENT MODALITIES SPECIALTY CERTIFICATION

OCCUPATIONAL THERAPY ASSISTANT TRAINING & INSTRUCTION FORM

1. Licensee N	Iame											
2. License Nu	mber	First			Midd	lle					Maiden	
3. Address												
	Mailing Address											
City					State				Zip	_		
Fhis address must Board within 30 da	be the same as the address on fi ays of an address change.	le in the Kentucky Board of Lic	ensur	e for	Occu	pation	al Th	erapy	y's off	ice. Y	Zou m	ust no
Section 3. The	72 hours of training and in	inars participated in for con astruction must document d inars that were considered l	irect	pers	sonal	parti	icipa	tion	time.	. Thi		
Date(s) of	Course Title	e Hours			Cl	neck	topi	ics in	nclu	ded		
Course			a	b	с	d	e	f	g	h	i	j
									<u> </u>			
										ļ		
TO	TAL HOURS COMPLET (minimum of 72 hours required)	.'ED	Eache		lumn	above	must	conta	ain at	least	one	
A DPAM Cours		escription Form must be con APPLICANT'S AFFIDA		eted	for e	ach o	cours	e lis	ted ii	1 the	table	abov
nerein is true, nvestigation a Modalities Spe	t named in the above, do correct, and complete to t any time disclose any	o hereby certify under per to the best of my knowled such misrepresentation ation could be rejected or	nalty edge or	anc falsi	l bel ficati	ief. on,	I a my	m a	ware p Pl	tha	it, sh al A	ould Agent
 Signature of De	ep Physical Agent Specialt	y Certification Applicant	_				Date	·			_	

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY

DEEP PHYSICAL AGENT MODALITIES SPECIALTY CERTIFICATION

OCCUPATIONAL THERAPIST, CHT TRAINING & INSTRUCTION FORM

	Last	First			Mide	dle					Maide	n
2. License N	thress											
2. License Number												
	Mailing Address											
City					State	;			Zip		_	
			of Lic	ensui	e for	Occu	patio	nal T	'hera _]	py's o	office.	You
lease list all	courses, workshops and sem	inars participated in for	com	pletio	on of	regi	ıiren	nents	as 1	isted	in 2	01 K
oes not incl	ude time in courses, worksho	ps or seminars that were	e con	side	red b	reak	s, mo	eals,	or b	asine	ess m	eeti
Date(s) of	Course Title	Hours			Cł	neck	toni	ics i	nclu	ded		
			a	b	1			1	T		i	ice. Your n 201 If time. s meeti
											y's office. You sted in 201 I pation time. siness meeting the siness meeting the steam of the stable on contained that, should spaid Agen	
									Zip Il Therapy's office Ints as listed in 2 participation tings, or business in a sincluded for good harden at least one contain at least one aware listed in the formation contains aware that, sheep Physical A			
)			lumn	abov	e mu	st cor	ntain a	at lea	st one	;
	(minimum of 12 hours required)		ch	eck								
_	urse, Workshop or Seminar L	<i>Description Form</i> must b	e co	mple	ted f	or ea	ach c	ours	e list	ed ii	n the	tabl
	A	PPLICANT'S AFFIDA	AVI	Γ								
	for Occupational Therapy.	J	,					•			•	
2 22001130110												

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY DEEP PHYSICAL AGENT MODALITIES SPECIALTY CERTIFICATION EDUCATIONAL REQUIREMENTS

Course, Workshop or Seminar Description

Please complete a separate form for each course, workshop or seminar utilized to establish completion of the educational requirements for Kentucky Deep Physical Agent Modalities Specialty Certification

,	8				
1. I	Licensee Name _				
		Last	First	Middle	Maiden
2. I	License Number				
3. <i>A</i>	Address				
	Mailii	ng Address			
	City			State	Zip
4.	Program Title _				
	Date of Prog	gram			
5.	Program Present	ter			
6.	Organization Sp	onsoring the Co	urse		
7.					
8.			End Time		
			be included in the calculation of total ho		
9.	Total Contact H	ours			
10.	Was the program	n approved or rec	cognized by AOTA []	Yes [] No	
11.	Was the program	approved or recog	nized by the American Soci	ety of Hand Therapists [] Yes [] No
12.	Was the program	m pre- approved	by the Board [] Yes	[] No	
13.			e syllabus or a description and teaching methods emp		
14.			n of attendance signed by course completion.	y the designated progran	n official confirming the
			APPLICANT'S AFFID		
			do hereby certify under p		
			to the best of my know ny such misrepresentation		
Mo		Certification appl	lication could be rejected of		
Sign	ature of Deen Physical	Agent Specialty Certif	ication Applicant	Date	

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY DEEP PHYSICAL AGENT MODALITIES SPECIALTY CERTIFICATION

SUPERVISED TREATMENT SESSIONS FORM

			SUPER	(VISE	DIKI	LA I WI	ENT SESSIONS FORM		
1. Licensee Name	;								
					Fir	st	Middle	Maiden	
2. License Number	·								
3. Address									
Maili	ng Address								
City							State	Zip	
This address must be the Board within 30 days of				file in th	e Kentu	cky Boar	rd of Licensure for Occupational Ther	apy's office. You must notify	the
							the KBLOT approved DPAM		
occurred.	or the t	treatm	ent ses	sion. I	each se	ession n	nust be signed and dated on the	e date the treatment	
occurred.			DPAN	M Supe	ervisor	Print 1	Name:		
	Don	onetre	ation o	f know	aladra	ckill			
Specific			petence		_		Signature of DPAM	Supervisor	
DPAM Utilized	a	b	С	d	е	f	Approved by the Boa	*	
Iontophoresis									
Ultrasound									
Cirasouna									
Electrical Stimulation									
							one session of iontophoresis DPAM identified in KRS 319		ical
sumulation. The rei	пашш	giwo	86881011	s may	be cov	er any	Draw Identified III KKS 319	A.010 (6).	
							N APPLICANT'S AFFIDAVIT		
				-	-	-	enalty of law that the information		
							lief. I am aware that, should inver Physical Agent Modalities S		
							tucky Board of Licensure for Oc		
Signature of Deep Ph	ysical	Agent	Special	ty Cert	ificatio	n Appl	icant Date	· · · · · · · · · · · · · · · · · · ·	